Disclosure Report Cover

OCT 28 2014

1	Amendment		
١	☐ Yes	\boxtimes	No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

1. Committee Infor	mation								c ID	Number
a. Full Name									C. ID	9CDZ67
Citizens to Elect Mark Griffin										
b. Mailing Address (include City, State and Zip Code)								d. Dat	te Filed	
465 Daugherty Rd									10/24/2014	
Dover, NC 28526									e. Pho	one Number
										252-268-0657
2. Report Year	3. Per	iod St	art Date (mm/d	d/yy)	4. Period E (mm/dd/yy)	nd Da	te	5. Treasurer Full		
2014		0	7/01/2014		10/18	3/2014		Mark Wesley Grif		
6. Type of Commit	tee (Ch	eck O	ne)	9. Typ	e of Report	(c.	heck on	ly one type of report		
Candidate Camp		_	arty	Munici			State/C	County	Refer	endum
PAC		∃ R	eferendum		Organizational			Organizational		Organizational
Independent Expenditure] Jo	oint Fundraiser		Thirty-five day			Quarterly		Pre-referendum
Legal Expense		nlicak1-	, check one)		Pre-primary			First		Final
7. Type of Fund "Booster Fund"	(ij app	nicubie,	, check the)	lΗ	Pre-election		lΠ	Second		Supplemental Final
Building Fund				ΙĦ	Pre-runoff		\boxtimes	Third		Annual
Dunding 1 and					Semi-annual			Fourth		Special
					Mid Year		_	Semi-annual	10.6	· ID IN
Other:					Year End		닏	Mid Year	10. 3	Special Report Name
				ΙH	Final		님	Year End		
8. Number of Fun	draisers	s this l	Report	ļЦ	Special			Final		
							Ш	Special		
11. Account Infor	mation					AND DESCRIPTION OF THE PERSON NAMED IN		Information		
a. Financial Institution	Full Nar	me				a. Fina	ncial Ins	stitution Full Name		
										A
b. Purpose		c. Ac	count Code			b. Pur	pose		C. A	Account Code
All Campaign			0	1						
Expenses			1 1 D D						d.	Period Begin Balance
		d. Pe	riod Begin Balanc	e					-	
		\$	5.35			-			\$	No.
CERTIFICATIO	N .	_	1:		ith all ar-1:	ble ===	wiciona	of Article 22 A 22B	& 221	D-22M of Chapter 163 of
I certify that the Co	ommitte	e or F	und is in compl	iance w	lui all applica	ibited	or other	non-disclosed funds	. I furtl	D-22M of Chapter 163 of her certify that this report
is complete, true a	atutes ar	ct and	that I have bee	n traine	d by the NC/	state B	oand of	Elections.		
Mark W		or and	. mai i mave dec		100	u/L	W ,		10/24	/2014
- Wark W		nted Nar	me of Signer	, 1	$ {s}$	ignature	of Appoi	med Treasurer		Date
FOR OFFICE USE			1 1 8	S. WO	JIV					2011
Date Received		10	0/28/14	Wills	Employee:	<	B	Magele		ery <u>Method</u> Normal Mail
Date Received			1 //	101			0			Registered Mail
Date Postmarl	ked:			-	Employee:					Hand Delivered
Date Scanned		_			Employee:					Electronically Filed Signer has not received
Date Data Ent	ered:				Employee:					mandatory training
Please Note: T	his forn	n cann	not be used to an	mend co	mmittee info	rmatio	n such a	as the committee add	ress, tre	easurer, assistant treasurer,
			custod					nt information.		
								A-E) to make commi	1	

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information.

3. ID Number 2. Type of Report 1. Committee Full Name (and Fund if applicable) 9CDZ67 3rd Qtr Citizens to Elect Mark Griffin **Total this Total this** 2014 January 1, Start of Election Cycle: **Election Cycle Reporting Period** \$ 0 5.35 Cash on Hand at Start RECEIPTS 60.00 \$ 60.00 (CRO-1205) \$ **Aggregated Contributions from Individuals** 4937.03 \$ 6672.03 (CRO-1210) \$ **Contributions from Individuals** 6) \$ \$ **Contributions from Political Party Committees** (CRO-1220) 7) 500.00 \$ 500.00 **Contributions from Other Political Committees** (CRO-1230) \$ (CRO-1410) **Loan Proceeds** 9) \$ (CRO-1240) Refunds/Reimbursements To the Committee 10) Other Receipt Sources 11) \$ (CRO-1250) 11a) Interest on Bank Accounts \$ \$ 11b) Contributions from Not-for-Profit Organizations (CRO-1250)\$ \$ (CRO-1250)11c) Outside Sources of Income \$ (CRO-1270) 11d) Legal Expense Fund – Other Sources \$ \$ (CRO-1265) 11 e) Exempt Purchase Price Sales \$ 7232.03 5497.03 TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) **EXPENDITURES** 13) Disbursements \$ 24.65 \$ (CRO-1310) 13a) Operating Expenditures \$ \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ \$ (CRO-1315) Aggregated Non-Media Expenditures 14) \$ (CRO-1420)15) Loan Repayments \$ (CRO-1320) \$ Refunds/Reimbursements From the Committee 16) 6392.03 \$ (CRO-1510) 4,687.03 17) In-Kind Contributions \$ 6416.68 4,687.03 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 815.35 \$ 815.35 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) ADDITIONAL INFORMATION \$ Non-Monetary Gifts Given to Other Committees (CRO-1330) 20) \$ (CRO-1430)Outstanding Loans (incl. ones from other campaigns) 21) \$ (CRO-1610) Debts and Obligations owed By the Committee 22) \$ **Debts and Obligations owed To the Committee** (CRO-1620) 23) \$ (CRO-1720)**Account Transfers Within the Committee** 24) \$ (CRO-1710) **Administrative Support** 25) \$ \$ (CRO-1440) 26) Forgiven Loans \$ \$ (CRO-2200)27) **48-Hour Notice Reports Sum** \$ \$ (CRO-1215) Contributions to be Refunded

Amendment

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No

Aggregated Contributions from Individuals

Page

<u>1</u> of

Amendment
Ves

No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)							umber
Citiz	zens to Elect Marl	k Griffin	u n appneuoio)				9CDZ67
3 C	ontributor Infor	mation					
a. Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)		f. Amount
	Add	01	check		09/20/20	14	\$ 10.00
	Remove	1					
무	Add	01	check		10/01/20	14	\$ 50.00
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4	Total only thi	s Page				\$	60.00
			Радес			\$	(0.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)							60.00

Contri	butions fron	ı Individuals				Pg	1 of	2 1205 is no	Yes	No No
		idual contributions o		or contrib	outions	under	\$50 II IOIIII CK	2. ID Num	her	
1. Commi	1. Committee Full Name (and Fund if applicable)							2. ID Num		
Citizensto	Elect Mark Griffi	n							9CDZ67	
3. Contril	outor Informatio	0		Add		Remo	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Titl	le/Profe	ession		d. Comments	3	
	ity, state, & zip)			D4-11	-1. T.	. ala				
	sley Griffin			Dental I			rific Field	-		
465 Daugl				DoD Na		me/spec	int Field	1		
Dover, NO				Quality	-	l Lab		e. Election S	um to Date	
252-268-0	103 /			Quanty	2 0			\$	6392.03	
f Duion	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	/yy)	k. Amount	
f. Prior		n. Porm of rayment		Cards			10/01/2		\$	1066.01
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Ш	01		Posta				1000000		\$	94.00
	01		Lum	ber for Sig	gn ——		09/20/2	2014	Φ	94.00
	butor Informatio			Add		Rem	ove	d. Comment		
	e, Mailing Address &	& Phone		b. Job Tit				d. Comment	3	
	city, state, & zip)			Dental Lab Tech					=	
	sley Griffin			c. Employ	ver's Na	me/Spe	cific Field			
465 Daug Dover, No				DoD No						
252-268-0				Quality Dental Lab			e. Election S	um to Date		
232-200-0	3037							\$	6392.03	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	ption		j. Date (mm/dd/y	yyy)	k. Amount	
	ol		webs	sites			07/10/2	2014	\$	75.00
	01		Print	ting suplys	s		09/10/2014		\$	40.00
	01		Shir	ts			10/01/	2014	\$	96.00
3. Contri	butor Informatio	on .		Add		Rem	iove			
	ne, Mailing Address			b. Job Tit	tle/Prof	ession		d. Commen	ts	
(include	city, state, & zip)			Dental	Lab T	ech				
	sley Griffin					1 C	'C E' 11	4		
465 Daug				-	•	ame/Spe	ecific Field	-		
Dover, N				DoD N		al I ah		e. Election S	Sum to Date	
252-268-	0657			Quality Dental Lab		\$	6392.03			
c D.i	~ Assount Code	h. Form of Payment	i In-I	Kind Descri	ntion		j. Date (mm/dd/y	yyy)	k. Amount	
f. Prior	g. Account Code	a. Form of Layment	Sign				10/03/2		\$	395.00
	01		Caro				10/10/	/2014	\$	20.00
$\vdash =$	VI								\$	
4 Tota	l only this Pag	re						\$		4687.03
The second second	of ALL CRO							\$		4937.03
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Amendment

Contri Use this fo	butions fron	n Individuals vidual contributions o	ver \$50	or contributions u	Pg inder	of \$50 if form CRO	2 1205 is not	Amendment Yes used	No No
		and Fund if applicab					2. ID Numb	er	
	o Elect Mark Griff							9CDZ67	
3. Contri	butor Informatio	n		Add 🔲 I	Remo	ove			
a. Full Nam	e, Mailing Address &	2 Phone		b. Job Title/Professi	ion		d. Comments		
(include	city, state, & zip)			Retired					
JOHN PE	RCY WETHERIN	NGTON JR							
119 N W				c. Employer's Name	e/Spe	cific Field			
Dover, N				Insurance			e. Election Su	m to Date	
252-520-	7805								
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	01	Check				10/01/20	014	\$	100.00
								\$	
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3. Contri	butor Informatio	on		Add 🔲	Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profess			d. Comments		
(include	city, state, & zip)			Retired - How	nem	aker			
Lillian Ci	_								
	GEWOOD TRL			c. Employer's Name	e/Spe	cific Field			
252-733-	RN, NC 28560								
232-133-)1) 0						e. Election Su	m to Date	
							\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Description		j. Date (mm/dd/yy	yy)	k. Amount	
	01	Check				10/08/20	014	\$	150.00
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The state of the s	ne, Mailing Address			b. Job Title/Profess	sion		d. Comments		
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								•	

4,937.03 250.00 (This line must be on line 6 of Detailed Summary Page CRO-1100) April 2007 CRO-1210 NC State Board of Elections

4. Total only this Page

5. Total of ALL CRO-1210 Pages

\$

\$

\$

\$

250.00

Contributions from Other Political Committees

			Amendment
•	o.f	1	☐ Yes

Yes	\boxtimes	N

Use this form to report contributions from other candidate, referendum or PAC committees

_	Name (and Fund if applicable)						2. ID N	Number	
Citizens to Elect M	lark Griffin	in property of						9CDZ67	
Citizens to Licci ivi	ank Griffin							3CD201	
3. Contributor Inf	ormation		Add		Remov	ve			
a. Full Name, Mailing				of Committee			d. Com	ments	
(include city, state, &			X,	Candidate		PAC			
Speciale for NC H				Referendu			1		
803Stately Pines R			c. Level	Registered (S	pecify)	-	1		
New Bern, NC 285				Federal	Ĺ	County:			
				State		Municipality:	e. Electi	ion Sum to Da	te
							\$	500.00	
f. Account Code	g. Form of Payment	h. In-Kind	Description	on	i.	Date (mm/dd/yyyy)	j. Amount	
01	Check					10/11/2014	ŀ	\$ 500.	00
								\$	
								\$	
3. Contributor In	formation		Add		Remo	ve			
a. Full Name, Mailing			b. Type	of Committee		_	d. Com	ments	
(include city, state,				Candidate	-	PAC			
				Referendu			-		
			c. Level	Registered (S	Specify)	7 C	4		
			님	Federal	L	County: Municipality:	e Flect	tion Sum to Da	ıte
			Н_	State			+	Hou Sum to D.	
							\$		
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3. Contributor In	formation		Add		Remo	ove			
a. Full Name, Mailing			b. Type	of Committe			d. Con	nments	
(include city, state,	& zip)			Candidate		PAC			
				Referend			4		
			c. Level	Registered (Specify)	Countri	-		
			lH	Federal		County: Municipality:	e Flee	tion Sum to D	ate
			Ш_	State		iviumcipanty.		and the contract of the contra	
							\$	T: A	
f. Account Code	g. Form of Payment	h. In-Kin	d Descript	tion		i. Date (mm/dd/yyy	(y)	j. Amount	
								\$	
								\$	
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4. Total only this	Page						\$	500.00	
5. Total of ALL	CRO-1230 Pages on line 8 of Detailed Summary Page CR	O-1100)					\$	500.00	

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Amendment \boxtimes No Pg of 1

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Citizens to Elect Mark Griffin			9CDZ67	
3. Contributor Information Add	Remove	Charles and the same process		
3. Contributor Information Add Full Name, Mailing Address & Phone		Contributor	c. Comments	
		ividual	2	
(include city, state, & zip) Mark Wesley Griffin	- -	ndidate		
Mark Wesley Griffin 465 Daugherty Rd	Par			
Dover, NC 28526	PA	•		
252-268-0657		ferendum	d. Election Sum to Date	
		ner Receipt Source	\$ 6392.03	
e. Description		f. Date (mm/dd/yyy	yy) g. Fair Market Amount	
Cards		10/01/2014		
Postage		10/01/2014	\$ 2901.02	
Lumber for signs		09/20/2014	\$ 94.00	
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Comments	
(include city, state, & zip)	⋈ Ind	lividual		
Mark Wesley Griffin	Ca	ndidate		
465 Daugherty Rd	Par	100		
Dover, NC 28526	PA		1.77	
252-268-0657		ferendum	d. Election Sum to Date	
	□ Ot	her Receipt Source	\$ 6392.03	
e. Description		f. Date (mm/dd/yyy	yy) g. Fair Market Amount	
Website		07/10/2014	4 \$ 75.00	
Printing supplies		09/10/2014	4 \$ 40.00	
Shirts		10/01/2014	4 \$ 96.00	
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Comments	
(include city, state, & zip)		dividual		0
Mark Wesley Griffin		andidate		
465 Daugherty Rd	Pa	rty		
Dover, NC 28526	PA		d Floring Control	
252-268-0657		eferendum	d. Election Sum to Date	
	Ot	ther Receipt Source	\$ 6392.03	
e. Description		f. Date (mm/dd/yy)	yy) g. Fair Market Amount	
Signs		10/03/2014	4 \$ 395.00	
Cards		10/10/2014	4 \$ 20.00	
			\$	
4. Total only this Page			\$ 4687.03	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 4687.03	